

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena, Montana 59620-0513

PHONE: 406-841-2300

FAX: 406-841-2305

E-MAIL: dlibsmed@mt.gov

WEBSITE: www.emt.mt.gov

Instructions for submitting an Electronic Examination Request Form

1. All applications for examination **can only be** submitted electronically via email. Paper applications for testing will be returned.
2. Process for submitting an Electronic (Practical or Written) Examination request Form:
 - a. Complete and attach electronic request form and email to kthreet@mt.gov
 - b. Once received, an email will be returned (*to the email address identified on the application*) providing you an Exam Number. Do not conduct your examination without an examination approval number, it may not be valid and might have to be conducted again. Be sure to allow enough time for approval (*I'd suggest 20-30 days*).
 - c. COMPLETE **one** request for either the practical or written; **do not request** both on the same form.
 - d. If you are submitting an **ABPC WRITTEN** exam request, be sure to have the student(s) complete and attached the appropriate ABPC application for the level they are testing.
 - e. **REMEMBER:** NREMT written exams are NOT offered locally nor coordinated through the Board, the students must apply for and schedule the NREMT Written exam from the NREMT website (www.nremt.org)
3. Process for submitting your **POST** Examination Materials:
 - a. Complete and attach the post examination document to an email to kthreet@mt.gov.
 - b. Be sure your post examination materials reflect the actual examination as it took place.
 - c. **DO NOT** send all the **PRACTICAL** skill check sheets, retain for your records or possible audit

IMPORTANT:

- Remember to save your original examination request and post examinations materials with a different name (*otherwise the original will be over written*).
- Allow enough time for your approval to be reviewed and approved, examinations may not be conducted without approval.
- Remember, only students with a NREMT application account can be updated with **practical exam** results. Those candidates testing without a NREMT application can expect long delays in getting their practical results to the NREMT.

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ECP Examination Request Form

Montana Board of Medical Examiners

Level of Practical Exam

OR

Level of Written (ABPC) Exam

EMR	<input type="checkbox"/>
EMT	<input type="checkbox"/>
AEMT	<input type="checkbox"/>
PARA	<input type="checkbox"/>

EMR	<input type="checkbox"/>
EMT	<input type="checkbox"/>
AEMT	<input type="checkbox"/>
PARA	<input type="checkbox"/>

The Date and Time of the Examination:

*(**PRINT**, the exact location of the examination, including the name of the institution, exact street address, building and room numbers, city, state, and ZIP code)*

Type	Date	Time	Physical Location
Practical			

Type	Date	Time	Physical Location
ABPC Written			

Contact Information:

*(**PRINT**, the name, street mailing address, and phone number of Exam Coordinator * and Medical Director that will be accepting responsibility for the examination administration)*

Person (name)	Phone Number	Mailing Address
Exam Coordinator: Email Address:		
Medical Director: Email Address:		

POST **PRACTICAL** Examination Quality Control Form

Examination Site:

Exam Approval Number:

Date:

Name of Exam Coordinator:

Name of Medical Director:

A. ORGANIZATION OF THE EXAMINATION

- ☐ Establishes 4 stations (for EMT-First Responder) or establishes 6 Stations (for EMT-Basic)
- ☐ Has necessary # of staff
- ☐ Assured candidates eligibility
- ☐ Assured staff qualifications
- ☐ I followed the examination procedures identified in the Exam Procedures Manual

B. FACILITIES

- ☐ Skill stations have adequate room to conduct examination without interference
- ☐ All equipment was clean, in working order and in appropriate quantities
- ☐ There is an adequate variety of equipment available to the candidate

C. SKILL STATION EXAMINERS

- ☐ Read and understood their role in the examination process today
- ☐ Remained objective throughout the entire examination process
- ☐ Read the "Candidate Instructions" to each candidate
- ☐ Does not show or allow any preference to an agency or candidate

D. ORIENTATION OF CANDIDATES AND SKILL STATION EXAMINERS

- ☐ The orientation script was read aloud and understood completely
- ☐ I allowed adequate time for the candidates to ask questions, and I answered them as completely as possible
- ☐ The orientation instructions were read aloud to the programmed patients and EMT assistants and fully understood

E. CANDIDATES

- ☐ Were read aloud the orientation concerning the practical exam and retest policy
- ☐ They understood the formal complaint process
- ☐ Were able to progress through the exam process without difficulty

F. SCORING THE PERFORMANCE

- ☐ I used the correct scoring template to score each of the candidate's performances
- ☐ I maintained the security of the exam scoring template
- ☐ I utilized the medical director and consulted the programmed patient and examiner when a performance question surfaced

G. STAFF UTILIZED (Name First/Last)

Observers: , , , , ,

Patients: , , , , ,

By submitting post examination materials I attest that all items above were followed as identified in the Examination Manual and understand that if audited I can provide all examination materials (individual check-sheets, compilation forms, skill observers utilized and the candidates remedial education forms) utilized in this examination; and I hereby declare under penalty of perjury that any information included in this post examination application to be true and complete to the best of my knowledge. I have read and am familiar with the applicable rules governing examinations.

POST **WRITTEN** Examination Quality Control Form

Examination Site:

Exam Approval Number:

Date:

Name of Exam Coordinator:

Name of Medical Director:

A. ORGANIZATION OF THE EXAMINATION

- ☐ Establishes location with computers for each student
- ☐ Assured candidates who were scheduled were present (checked IDs)
- ☐ I followed the examination procedures identified in the Exam Procedures Manual

B. FACILITIES

- ☐ Candidates have adequate room to conduct examination without interference or interruptions
- ☐ All computers were clean, in working order and in appropriate quantities (one per-student)

C. ORIENTATION OF CANDIDATES

- ☐ The orientation script was read aloud and understood completely by everyone
- ☐ I allowed adequate time for the candidates to ask questions, and I answered them as completely as possible

D. COMPLETION

- ☐ I remained present throughout the entire exam and assured all candidates had a fair uninterrupted exam
- ☐ I stopped all candidates at the required time frames and assured all others who completed before the required time, logged off and shut down their computers

By submitting post examination materials I attest that all items above were followed as identified in the Examination Manual; and I hereby declare under penalty of perjury that any information included in this post examination application to be true and complete to the best of my knowledge. I have read and am familiar with the applicable rules governing examinations.

POST PRACTICAL Examination

OVERALL RESULT

Reporting Form

The purpose of this form is to document the results of the practical examination you coordinated.
Please complete the following information on EVERY STUDENT whom you examined.

PLEASE PRINT

Exam Approval Number:

Exam Coordinator:

Medical Director (oversight):

[illegible]

